



Please affix a recent passport size photograph here

INSTITUTION / INDIVIDUALS PROFILE

Name of the Institution / Entity: _____

Institution's / Entity's Full Postal Address: _____

City: _____ Pin code: _____

Distt: _____ State: _____

Communication Details: STD Code: _____ Contact

No: _____ Mobile No: _____ Alternative Mobile No:

E-mail Address: _____

Website Address (If available): _____

Nearest Airport: _____ Distance from Airport: _____

Nearest Railway Station: _____ Distance from Railway Station: _____

Nearest Bus Stand/Stop: _____ Distance from Bus Stand: _____

DETAILS OF INDIVIDUAL / MANAGEMENT / HEAD OF INSTITUTION

Name of the Head of Management: _____

Designation of the Head of Management: _____

Educational Qualification of Head of Management: _____

Kindly enclose the self-attested copies of the following:

- Photo ID Proof of Head of Management / Individual (Adhaar Card)
- Pan Card of Head of Management / Individual
- One Colored Photograph of Head of Management / Individual

INFRASTRUCTURAL FACILITIES

Type of Area(kindly tick whichever is applicable)

Metro	<input type="checkbox"/>	State Capital	<input type="checkbox"/>	District HQ	<input type="checkbox"/>
Town	<input type="checkbox"/>	Rural	<input type="checkbox"/>	Region	<input type="checkbox"/>

Total Carpet area of Institution (in Sq.ft): _____

Total Site area of Institution (in Sq.ft): _____

Institution Facilities available (Please enclose the attachments as separate sheets):

- Technical / Lab Infrastructure, if any
- Additional Staff / Support System
- Any other Facility

DECLARATIONS

- ❖ I / We certify that all the information given above and in the preceding pages signed by me / us is /are complete and correct.
- ❖ I / We declare that the institute / entity / individually me, will abide by all the rules and regulations of Maple Innovative Solutions given time to time.
- ❖ I /We declare that I /We am /are authorized to sign on behalf of my organization and that my directors and shareholders/ members(where relevant) are in total agreement of my/ our application
- ❖ In case of any information furnished by me/us is found wrong or incomplete, I/We declare that the institute / entity / individually me, may be derecognized and also open to any action as per law.
- ❖ I/We hereby undertake that if it is ever found that the Institution is not able to turn as per the norms, rules and procedures laid down by Maple Innovative Solutions, they shall be free to withdraw the recognition.

For : _____

Signature : _____

Full Name : _____

Title : _____

Date : _____